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CERTIFIED COPY

Attorney for Applicant

2003 AUG 21 PM 4:19

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

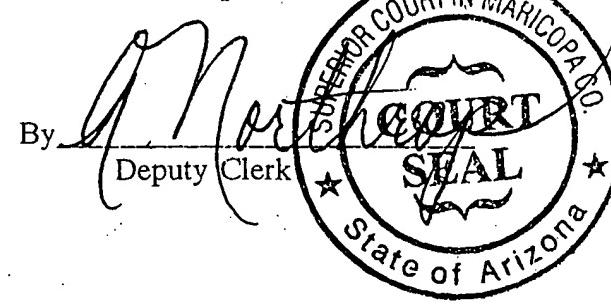
IN AND FOR THE COUNTY OF MARICOPA

In the Matter of the Estate ) NO: PB 2003-003387  
of )  
Robert Murray Ricketts, ) LETTERS OF PERSONAL  
Deceased. ) REPRESENTATIVE

Robin (Ricketts) Machette, is hereby appointed as Personal Representative of this Estate, without restriction.

DATED this 21 day of August, 2003. MICHAEL K. JEANES, CLERK

Clerk of the Superior Court



rrltr.pr The foregoing instrument is a full, true and correct copy of the original on file in this office.

I further certify that the Order/Statement appointing the  
Personal Representative Conservator Guardian  
was signed on AUG 21 2003 and that these  
letters have not been revoked.

Attest AUG 21 2003  
MICHAEL K. JEANES, Clerk of the Superior Court of the  
State of Arizona In and for the county of Maricopa.

By J. Machette Deputy

## CERTIFICATION OF VITAL RECORD

## STATE OF ARIZONA

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
CERTIFICATE OF DEATHDEATH NO.  
D 102- 2003 - 018915

ORIGINAL STATE COPY		STATE OF ARIZONA					
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS							
CERTIFICATE OF DEATH							
NAME OF DECEASED 1. ROBERT MURRAY RICKETTS		SEX 2. MALE		DATE OF DEATH 3. JUNE 17 2003			
RACE (e.g., white, black, American Indian, (specify tribe) etc.) SPECIFY: 4A. WHITE		WAS DECEDENT OF HISPANIC ORIGIN: (SPECIFY YES OR NO) B. NO		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. C.		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 5. YES	
PLACE OF DEATH 6. MARICOPA		A. COUNTY B. TOWN OR CITY SCOTTSDALE		C. HOSPITAL OR INSTITUTION SCOTTSDALE HEALTHCARE/ SHEA		D. <input type="checkbox"/> DOA <input type="checkbox"/> DOP EMER. <input type="checkbox"/> IN PATIENT	
DATE OF BIRTH 7. MAY 5 1920		AGE (YEARS LAST BIRTHDAY) 8A. 83	IF UNDER 1 YEAR MOS. 8B. C.	IF UNDER 1 DAY HRS. 8C. .	MIN.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9. DIVORCED	SURVIVING SPOUSE 10.
STATE AND CITY OF BIRTH 11. INDIANA, KOKOMO		CITIZEN OF WHAT COUNTRY? 12. U.S.A.		SOCIAL SECURITY NO. 13. 315-10-1416		USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A. ORTHODONTIST	
USUAL RESIDENCE 15. ARIZONA		A. STATE B. COUNTY MARICOPA		C. TOWN OR CITY SCOTTSDALE		D. ZIP CODE 16. 85255	HOW LONG IN ARIZONA? 16. 16 YEARS
STREET ADDRESS OF R.F.D. 9106 E. LA POSADA COURT		INSIDE CITY LIMITS? (SPECIFY Yes or No) 15F. YES		ON RESERVATION? (SPECIFY Yes or No) 15G. NO		PREVIOUS STATE OF RESIDENCE 18. CALIFORNIA	HIGHEST GRADE COMPLETED 17.
FATHER'S NAME 19. CHARLES RICKETTS		MOTHER'S MAIDEN NAME 20. EVA		RELATIONSHIP TO DECEASED 22. DAUGHTER		ADDRESS 21. 106 REQUA ROAD	CITY AND STATE 21. 94611 ZIP CODE PIEDMONT, CALIFORNIA
INFORMANT'S SIGNATURE BY: <i>Tony Bleday</i>						EMBALMER'S SIGNATURE 27A. <i>NOT EMBALMED</i>	CERT. NO. 27B. _____
BURIAL CREMATION, REMOVAL, OTHER (Specify) 24. CREMATION		DATE 25. 6/20/03		CEMETERY OR CEMATORIAL NAME/LOCATION 26. SERENITY MORTUARY SERVICE, PHOENIX, ARIZONA		FUNERAL DIRECTOR or person acting as such (Signature) 29. <i>Tony Bleday</i>	CERT. NO. 29B. <i>F102</i>
FUNERAL HOME 28. NEWCOMER FAMILY MORTUARY, 6812 E. THOMAS ROAD, SCOTTSDALE, ARIZONA		NAME STREET ADDRESS CITY AND STATE		TO BE COMPLETED BY MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY 30. SIGNATURE AND TITLE 31. DATE SIGNED (Mo. Day Year) 32. HOUR OF DEATH 33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED 34. SIGNATURE AND TITLE 35. DATE SIGNED (Mo. Day Year) 36. PRONOUNCED DEAD (Mo. Day Year) 37. ON	TO BE COMPLETED BY MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY 34. SIGNATURE AND TITLE 35. DATE SIGNED (Mo. Day Year) 36. PRONOUNCED DEAD (Hour) 38. AT
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY 39. T. HOLDEN, MD, 2020 N. CENTRAL AVE., PHOENIX, AZ		AUTHORIZED FOR CREMATION (SPECIFY) 40. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		MEDICAL EXAMINER'S SIGNATURE 41. <i>Alex</i>			
DATE REGISTERED JUN 26 2003		REG. FILE NO. 43. 12550		REGISTRAR'S SIGNATURE 44. <i>Jennifer Bradley Deputy</i>		REG. DISTRICT 45. 0705	DATE REC'D. IN STATE OFFICE 46.
SEQUENTIALLY LIST LEADING TO IMMEDIATE CAUSE, ENTER UNDERLYING CAUSE, DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH LAST: PART I		A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) - \$205 B. DUE TO OR AS A CONSEQUENCE OF Ischemic Bowel C. DUE TO OR AS A CONSEQUENCE OF:					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I							
48. MANNER OF DEATH NATURAL CAUSES ACCIDENT SUICIDE		DATE OF INJURY 52. M 53. M 54. M 55.		INJURY AT WORK? (Specify Yes or No)		AUTOPSY (Specify Yes or No) 49. NO 50. YES	
HOMICIDE PENDING INVESTIGATION UNDETERMINED		HOUR 52. 53. M 54. M 55.		WHERE LOCATED?		STREET ADDRESS CITY OR TOWN STATE	
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY 56. 57.							
SUPPLEMENTARY ENTRIES 58.							

## CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA

COUNTY OF MARICOPA

SS

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

July 3, 2003

*Jonathan B. Weisbuch, M.D.*  
 Jonathan B. Weisbuch, M.D.  
 County Registrar  
 Director, Maricopa County Department  
 Of Public Health

This copy not valid unless prepared on engraved border displaying county seal in color and raised seal of issuing agency.